



PATIENT

Oliver Harmer

SPECIES

Feline

BREED

Siberian

SEX

MN

AGE

2.5yr

WEIGHT

6.2kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr Belan

HOSPITAL NAME

Ramsay Animal Clinic

REFERRING VET

Dr Gupta

INVOICE

14610ag

DATE

08/14/2023

PRESENTING CLINICAL SIGNS

Ate raw food a few days earlier has had diarrhea and writhing since. Chards of bone seen on abdominal x rays in duodenum and proximal colon. All prices are small as if they went through a meat grinder.

Abnormal PE/Chem/CBC/UA Results: Pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with normal tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex. Mild bilateral pyelectasia was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 cm width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was subnormal in size owing to lack of bile distention. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained non-shadowing ingesta and chyme with no signs of ileus, obstruction or foreign material.



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The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Mild segmental non-shadowing ingesta/chyme and subjective segmental increased gas pattern was present. The small intestinal wall measured up to 0.32 cm in width.

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Normal visible colon wall layers were present with semi formed feces in lumen.

Pancreas

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The left limb of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

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- Mild bilateral pyelectasia.
- Enteropathy with intact mildly thickened wall layering.
- Mild segmental non-obstructive jejunal ileus with segmental non-obshadowing ingesta/chyme and increased segmental jejunal gas pattern.
- Non-distended stomach containing mild retained non-shadowing ingesta/chyme.
- Probable mild left limb pancreatitis.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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DVM, DABVP
(Canine and Feline)

The pyelectasia may be owing to chronic renal changes or potential pelvic scarring possibly owing to previous calculi passage. Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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The small intestine exhibited mild mural changes suggestive of inflammatory enteropathy criteria. Considerations may include acute inflammatory bowel episode owing to dietary indiscretion/food intolerance, emerging IBD or other enteropathy. Low grade to emerging neoplastic infiltrative enteropathy with round cells which may present in a similar sonographic manner is thought less likely. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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The potential for emerging triad disease may be a consideration if evidence of hepatic enzyme elevations on pending labs.

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No evidence of GI obstructive pattern although small amounts of non-obstructive or passing material such as bone could be possible. No indication for immediate surgical intervention unless intestinal biopsies are indicated.

Empirically as needed GI support +/- IBD protocol if persistent GI signs or evidence of weight loss would be reasonable.

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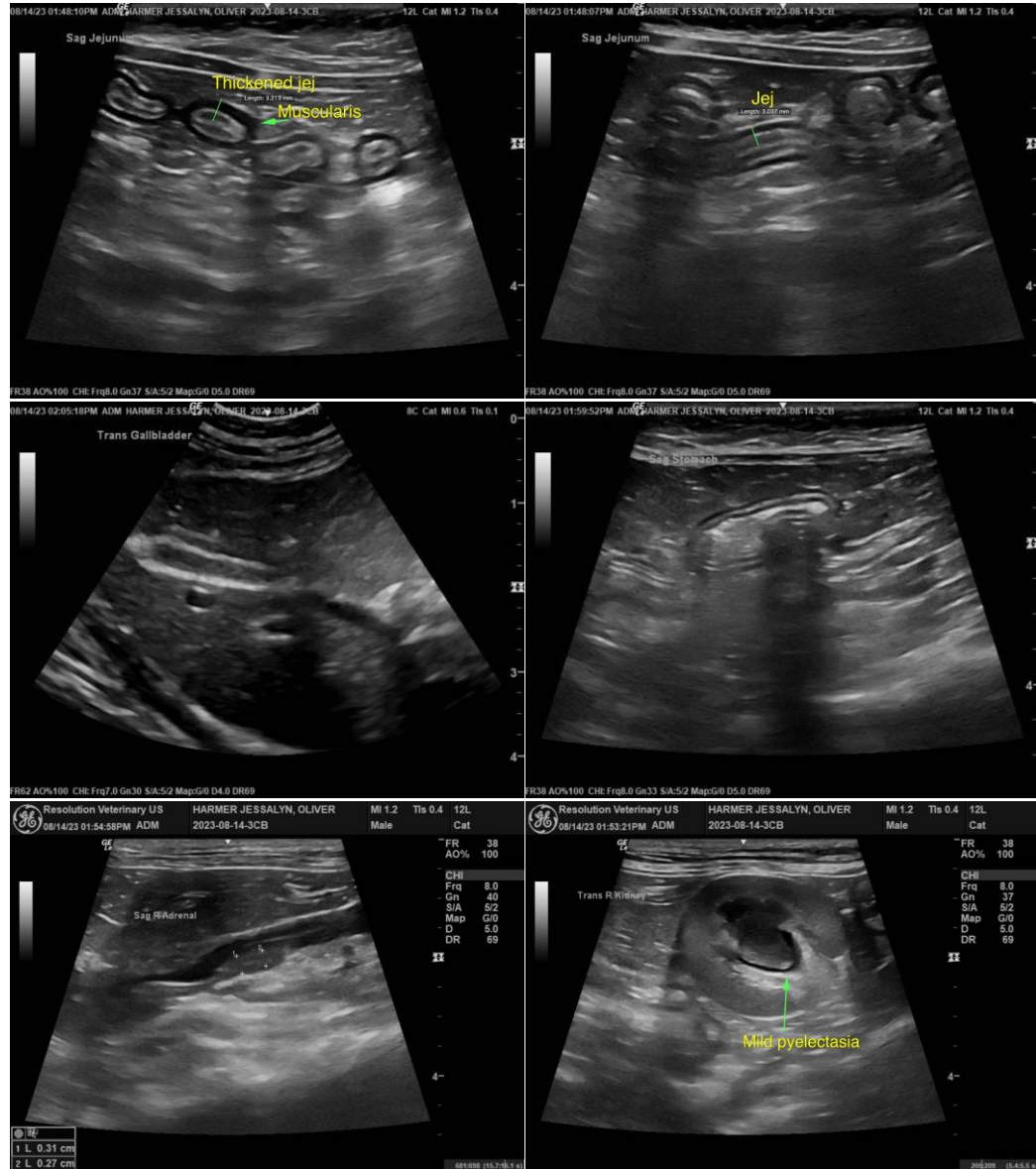
Dr Gupta

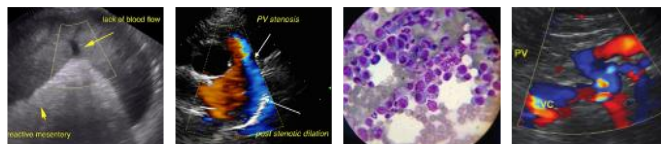
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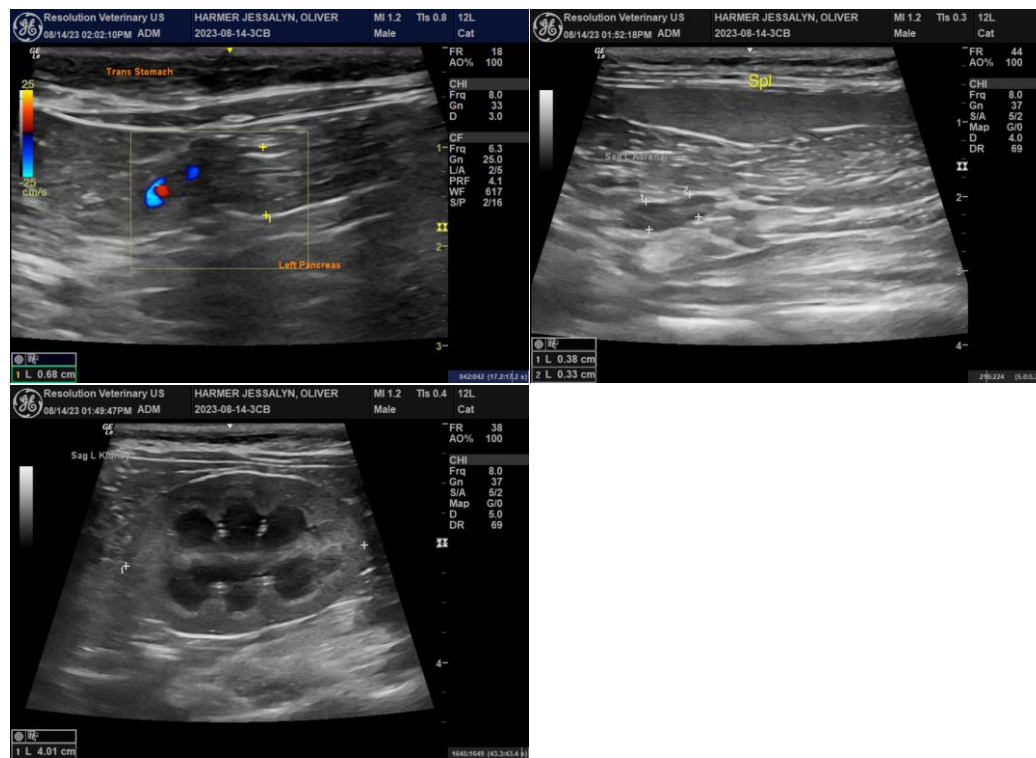
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com